

# ARMC Health Care Notice of Privacy Practices

Effective date: August 15, 2010; version 3

## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. If you have any questions about this notice, please contact the ARMC Health Care Privacy Officer at (336) 538-7977, (336) 538-7450, or at Alamance Regional Medical Center, Inc., PO Box 202, Burlington, NC 27216-0202.**

### **Who Will Follow This Notice?**

This notice describes the privacy practices of:

- ARMC Health Care.
- Any health care professional authorized to enter information into your medical record maintained by ARMC Health Care, including members of ARMC Health Care's medical staff and allied health staff.
- All departments and entities of ARMC Health Care, such as Alamance Regional Medical Center, Inc., that have access to your medical record.
- All these persons, entities, sites, and locations follow the terms of this notice. In addition, these persons, entities, sites, and locations may share medical information with each other for treatment, payment, or health care operations purposes described in this notice.

### **Our Pledge Regarding Medical Information**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive within ARMC Health Care. Your health information is contained in a medical record that is the physical property of ARMC Health Care. We need this record to provide you with quality care and to comply with certain legal requirements.

This notice applies to all of the records of your care and billing for your care that are created within ARMC Health Care, whether made by ARMC Health Care personnel, your independent personal doctor or other independent health care personnel, who are responsible for their own actions. Your doctor or other independent health care personnel treating you may have different policies or notices regarding confidentiality and disclosure of your medical information that is created in their office or other location outside ARMC Health Care.

This notice will tell you about the ways in which the people listed above may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

### **We are required by law to:**

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices at ARMC Health Care with respect to medical information about you; and
- Follow the terms of the Notice of Privacy Practices that is currently in effect.

### **HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED**

If you do not give your consent for ARMC Health Care to use and disclose your medical information as outlined in this Notice, we will only use and disclose your medical information in the following circumstances:

- To providers who are personally involved in providing care pursuant to your consent to treatment (whether such consent is express, implied by law, or through substituted consent as authorized by law), but only during the period of time they are providing care to you;

- To bill you for the charges you incurred while you were a patient of ARMC Health Care;
- To third parties when required by law or by appropriate legal process issued by a court or governmental agency with jurisdiction;
- If you are a Medicare, Medicaid, CHAMPUS/TriCare, or other federal or state program beneficiary or enrollee, for treatment and payment purposes as outlined in this Notice;
- In the case of an emergency, when we are transferring you to a receiving facility for care; and
- In the case of an emergency, in order to provide you with care that is required by federal and state law.

Should you give your consent, we will use and disclose your medical information as outlined in this Notice. The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories.

## **Use and Disclosure of Your Information for Treatment**

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors who are ARMC Health Care medical staff and to nurses, technicians, medical students, or other ARMC Health Care personnel who are involved in your care within ARMC Health Care. Different departments of ARMC Health Care also may share medical information about you in order to coordinate what you need, such as prescriptions, lab work and x-rays.

*For example: a doctor treating you for a broken leg may need to know if you are diabetic because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian that you are diabetic so that arrangements can be made for appropriate diabetic meals.*

We also may need to disclose medical information about you to people outside ARMC Health Care who may be involved in your medical care before or after you leave ARMC Health Care, such as family members, or others who provide services such as home health agencies, therapists, or physicians that are part of your care, or medical staff members of any hospital or skilled nursing facility to which you are transferred or subsequently admitted.

## **Use and Disclosure of Your Information for Payment**

We may use and disclose medical information about you so that the treatment and services you receive from ARMC Health Care may be billed by ARMC Health Care and payment may be collected from you, an insurance company, or a third party. We also may disclose information about you to another health care provider, such as a receiving facility, for their payment activities concerning you.

*For example: we may need to give your insurance company or health plan information about an examination you received at the ARMC Health Care so your insurance company or health plan will pay us or reimburse you for the examination.*

We may also tell your insurance company or health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your insurance company or health plan will pay for the treatment.

## **Use and Disclosure of Your Information for Health Care Operations**

We and our business associates may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run ARMC Health Care and make sure that all of our patients receive quality care.

*For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff and medical staff in caring for you.*

We may also combine medical information about many ARMC Health Care patients to decide what additional services ARMC Health Care should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to hospital personnel, doctors, nurses, technicians, students, and other ARMC Health Care personnel for review and learning purposes.

We may also combine the medical information we have about you and other patients with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning the identities of specific patients. We also may disclose information about you to another health care provider for its health care operations purposes if you also have received care from that provider, and we also may disclose information about you to other providers for use in their health care operations.

## **Appointment Reminders**

We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care within ARMC Health Care. We will leave a message for you at any telephone number you give us, stating information necessary to confirm the appointment, unless we have agreed in writing to your written request to handle appointment reminders differently.

## **Treatment Alternatives**

We may use and disclose your medical information to tell you about or recommend different ways to treat you.

## **Health-Related Benefits and Services**

We may use and disclose your medical information to tell you about health-related benefits or services that may be of interest to you. You may elect not to receive any communications from us that encourage you to purchase or use any particular product or service by notifying ARMC Health Care's Privacy Officer in writing at PO Box 202, Burlington, NC 27216-0202.

If we receive direct or indirect payment in exchange for such communications to you, we will obtain your written authorization to use or disclose your medical information before advising you in writing about such benefits or services, unless the communication either describes a drug you currently are being prescribed and the payment we receive for that communication is reasonable, or the communication to you is made by a business associate of ARMC Health Care acting on our behalf and in accordance with a written agreement between the business associate and ARMC Health Care.

## **Fundraising Activities**

We may use medical information about you to contact you in an effort to raise money for ARMC Health Care and its operations. We may disclose medical information to a business partner or a foundation related to ARMC Health Care so that the business partner or the foundation may contact you in raising money for ARMC Health Care. We only would release contact information, such as your name, address and phone number, and the dates you received treatment or services at ARMC Health Care.

If you do not want ARMC Health Care to contact you for fundraising efforts, you must notify ARMC Health Care's Privacy Officer in writing at PO Box 202, Burlington, NC 27216-0202. If you have not already done so, we must ask you each time we contact you for fundraising efforts if you wish to opt out of all future fundraising communications. If you do opt out of future fundraising communications, we will not disclose your information for fundraising use unless in the future we receive your written authorization to do so.

## ***Hospital Directory***

Unless you tell us otherwise, we may include certain limited information about you in a hospital directory while you are a patient at ARMC Health Care. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.), and your religious affiliation. The directory information, except for your religious affiliation, may also be released to visitors or callers who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends, and clergy can visit you in ARMC Health Care and generally know how you are doing.

This same limited information about you may be made available in press releases to the media. If you do not want anyone to know this information about you, if you want to limit the amount of information that is disclosed, or if you want to limit who gets this information, you must indicate your choice on the ARMC Patient Directory Consent Form, or notify ARMC Health Care's Privacy Officer in writing.

## ***Individuals Involved in Your Care or Paying for Your Care***

We may release medical information about you to a friend or family member who is involved in your medical care. This would include persons named in any durable health care power of attorney or similar document provided to us. We may also give information to someone who helps pay for some or all of your care.

In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. You can object to these releases by telling us that you do not wish any or all individuals involved in your care to receive this information. If you are not present or cannot agree or object, we will use our professional judgment to decide whether it is in your best interest to release relevant information to someone who is involved in your care or to an entity assisting in a disaster relief effort.

## ***As Required or Permitted By Law***

We will disclose medical information about you when required or permitted to do so by federal, state, or local law.

## ***Special Situations: Research***

Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process.

We may, however, disclose medical information about you to people preparing to conduct a research project; for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave ARMC Health Care. We will almost always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care at ARMC Health Care.

We will not be permitted to receive any money or other things of value in connection with the use or disclosure of your medical information for research purposes unless the money we receive reflects the costs to prepare and transmit the medical information to the researcher, or unless we notify you in advance and we obtain your written authorization.

## To Avert a Serious Threat to Health or Safety

We may use and disclose medical information about you when it appears necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure would be to someone who appears able to help prevent the threat and will be limited to the information needed.

## Special Communication Assistance

We may share your medical information with language interpreters when there are communication barriers present, such as with non-English speaking or hearing-impaired patients.

## Organ and Tissue Donation

If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation, or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

## Active Duty Military Personnel and Veterans

If you are an active duty member of the armed forces or Coast Guard, we must give certain information about you to your commanding officer or other command authority so that your fitness for duty or for a particular mission may be determined. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

We may use and disclose to components of the Department of Veterans Affairs medical information about you to determine whether you are eligible for certain benefits.

## Workers' Compensation

In accordance with state law, we may release without your consent medical information about your treatment for a work-related injury or illness or for which you claim workers' compensation to your employer, insurer, or care manager paying for that treatment under a workers' compensation program that provides benefits for work-related injuries or illness.

## Public Health Activities and Risks

We may disclose without your consent medical information about you for public health activities. These activities generally include but are not limited to the following:

- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report suspected abuse or neglect as required by law;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using; and
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

## Health Oversight Activities

We may disclose without your consent medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for government to monitor the health care system, government programs, and compliance with civil rights laws.

## Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we must disclose medical information about you in response to a court or administrative order. We also may disclose medical information about you in response to a subpoena or other lawful process from someone else involved in a civil dispute.

## Claims or Concerns

If you communicate a concern to us or make a medical claim, your medical information may be shared as required with appropriate hospital staff, our insurance company or our attorney.

## Law Enforcement Purposes

We may release without your consent medical information to a law enforcement official:

- In response to a court order, warrant, summons, grand jury demand, or similar process;
- To comply with mandatory reporting requirements for violent injuries, such as gunshot wounds, stab wounds, and poisonings;
- In response to a request from law enforcement for certain information to help locate a fugitive, material witness, suspect, or missing person;
- To report a death or injury we believe may be the result of criminal conduct;
- To report suspected criminal conduct committed at ARMC Health Care facilities; or
- Concerning your name, current location, and whether you appear to be impaired if you were involved in a motor vehicle accident.

## Coroners, Medical Examiners, and Funeral Directors

We may release without your consent medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about deceased patients of ARMC Health Care to funeral directors as necessary to carry out their duties.

## National Security, Intelligence Activities, and Protective Services

We may release without your consent medical information about you as required by applicable law to authorized federal or state officials for intelligence, counterintelligence, and other governmental activities prescribed by law to protect our national security. We may disclose medical information about you to authorized federal officials so they may provide protection to the President of the United States, other authorized persons or foreign heads of state, or to conduct special investigations.

## Inmates

If you are an inmate of a correctional institution or in the custody of a law enforcement official, we may release without your consent medical information about you to the correctional institution or law enforcement official who has custody of you, if the correctional institution or law enforcement official represents to ARMC Health Care that such medical information is necessary: (1) to provide you with health care; (2) to protect your health and safety and safety or the health or others; (3) to protect the safety and security of officers, employees, or others at the correctional institution or involved in transporting you; (4) for law enforcement to maintain safety and good order at the correctional institution; or (5) to obtain payment for services provided to you. If you are in the custody of the Department of Corrections (“DOC”) and the DOC requests your medical records, we are required to provide the DOC with access to your records.

## Psychotherapy Notes

Regardless of the other parts of this Notice, psychotherapy notes will not be disclosed outside ARMC Health Care except as authorized by you in writing, or pursuant to a court order, or as required by law. Psychotherapy notes

about you will not be disclosed to personnel working within ARMC Health Care, other than to the person who wrote the notes, except for training purposes or to defend a legal action brought against ARMC Health Care, unless you have properly authorized such disclosure in writing.

## Minors

A parent, guardian, or other person with authority to act in loco parentis (in place of parent) has authority to have access to and decide the use and disclosure of protected health information concerning a minor patient, except when:

- A custody order or agreement provides otherwise;
- A court order provides otherwise;
- There is a reasonable basis to suspect abuse or neglect of the minor and providing such information or authority to the parent, guardian, or other person acting in loco parentis is reasonably believed to present a risk of injury or harm to the minor;
- The minor has the right to obtain health care on his or her own behalf as is permitted in any of the following cases:
  - For outpatient diagnosis or treatment of emotional illness;
  - For diagnosis or treatment of pregnancy (other than abortion);
  - For diagnosis or treatment of sexually transmitted diseases; In these circumstances, however, the Hospital may choose to disclose such information to the parent or guardian if the parent or guardian contacts the Hospital and requests such information.
  - When the parent or guardian has agreed that such information will be confidential between the minor and ARMC Health Care.

## YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

### Right to Inspect and Copy

You have the right to inspect and receive a copy of your medical record, unless your attending physician determines that information in that record, if disclosed to you, would be detrimental to your mental or physical health. If we deny your request to inspect and receive a copy of your medical information on this basis, you may request that the denial be reviewed. Another licensed health care professional chosen by ARMC Health Care will review your request and the denial. The person conducting the review will not be the person who denied your request. We will do what this reviewer decides.

Your health information is contained in records that are the property of ARMC Health Care. To inspect or receive a copy of medical information that may be used to make decisions about you, you must submit your request in writing to the medical records department at Alamance Regional Medical Center, Inc. or at a separate location where you received services. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request and may collect the fee before providing the copy to you. If you agree, we may provide you with a summary of the information instead of providing you with access to it, or with an explanation of the information instead of a copy. Before providing you with such a summary or explanation, we first will obtain your agreement to pay the fees, if any, for preparing the summary or explanation.

If we have all or any portion of your health information in an electronic format, you may request an electronic copy of those records or request that we send an electronic copy to any person or entity you designate in writing.

### Right to Request Amendment

If you feel that medical information we have about you in your record is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or

for ARMC Health Care. To request an amendment, your request must be made in writing and submitted to the ARMC Health Care Privacy Officer, at PO Box 202, Burlington, NC 27216-0202. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment, if it is not in writing or does not include a reason to support the request. In addition, we may deny your request to amend information that:

- Was not created by us, unless the provider who created the information is no longer available to consider or make the amendment;
- Is not part of the medical information kept by or for ARMC Health Care;
- Is not part of the information which you would be permitted to inspect and copy; or
- Has been determined to be accurate and complete.

If we deny your request or an amendment, you may submit in writing a statement or disagreement and ask that it be included in your medical record.

## Right to an Accounting of Disclosures

You have the right to request a list of certain disclosures we have made of medical information about you during the prior six years.

To request this list or accounting of disclosures, you must submit your request in writing to the Medical Records Department at Alamance Regional Medical Center, Inc. or at a separate ARMC Health Care location where you received services, and state whether you want the list on paper or electronically. You also may contact the ARMC Health Care Privacy Officer. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred. We may collect the fee before providing the list to you.

## Right to Request Restrictions

Except where we are required to disclose the information by law, you have the right to request a restriction or limitation on the medical information we use or disclose about you. For example, you could revoke any and all authorizations you had given to us relating to disclosure of our protected health information. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

To request restrictions, you must make your request in writing to the ARMC Health Care Privacy Officer. In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

You may request that we not disclose your medical information to any persons or entities that may be responsible for paying all or any portion of the charges you incur while a patient of ARMC Health Care. If you pay all such charges in full at the time of such request, we are required to agree to your request.

## Right to Request Confidential Communication

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example: you can ask that we only contact you at work or by mail, or at a mailing address other than your home address.

To request certain types of communications, you must make your request in writing to the ARMC Health Care Privacy Officer and specify how or where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests. To request confidential communications, make your request in writing to the Privacy Officer and specify how or where you wish to be contacted.

## Right to a paper copy of this notice

You have the right to a paper copy of this notice or any revised notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You also may obtain a copy of this notice at our website: <http://www.armc.com>. To obtain a paper copy of this notice, contact registration staff at Alamance Regional Medical Center, Inc. or other ARMC Health Care service location. You may obtain a paper copy of this notice from the ARMC Health Care Privacy Officer by written request.

## Changes to this privacy notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at ARMC Health Care locations providing care directly to individuals. The notice will contain on the first page, in the top right-hand corner, the effective date. If the notice changes, a copy will be available to you upon request. Each time you register at or are admitted to ARMC Health Care for healthcare services, we will offer you a copy of the current notice in effect.

## Investigations of breaches of privacy

We will investigate any discovered unauthorized use or disclosure of your protected health information to determine if it constitutes a breach of the federal privacy or security regulations governing unsecured protected health information. If we determine that such a breach has occurred, we will provide you with notice of the breach and advise you what we intend to do to mitigate the damage (if any) caused by the breach, and about the steps you should take to protect yourself from potential harm resulting from the breach.

## Complaints

If you believe your privacy rights have been violated, you may file a complaint with ARMC Health Care, or with the Secretary of Health and Human Services (Region IV, Office for Civil Rights, US Department of Health and Human Services, Atlanta Federal Center, Suite 3B70, 61 Forsyth Street, SW, Atlanta, GA 30303-8909). To file a complaint with ARMC Health Care, contact the Privacy Officer at (336) 538-7977, (336) 538-7450, or in writing at PO Box 202, Burlington, NC 27216-0202. All complaints must be submitted in writing.

***You will not be penalized for filing a complaint.***

## Other uses of medical information

Other uses and disclosures of your medical information not covered by this notice may be made in accordance with your written permission or as required by law. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. Your revocation will be effective as of the end of the day on which you provide it in writing to the Alamance Regional Medical Center, Inc. medical records department. If you revoke your permission, we will no longer use or disclose medical information about you for the purposes that you had authorized in writing. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.